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June 19, 2019

CERTIFIED MAIL

Mr. Lenard Winnicki, Administrator
Illinois Veterans Home - Anna
792 North Main
Anna, IL 62906

Licensure # 0046599
Survey Date: June 14, 2019
Survey Type: 1954161/IL112888

Dear Administrator:

Pursuant to the Illinois Nursing Home Care Act, a Complaint investigation licensure survey was conducted at Illinois Veterans Home - Anna on June 14, 2019 by staff of the Illinois Department of Public Health. As a result of that inspection, no licensure findings were identified (See Enclosure #1, CMS Form 2567L.)

If you have any questions concerning this notice, please contact my staff at (217) 782-5180. You may also telephone the Department's TTY number for the hearing impaired at 1-800-547-0466.

Sincerely,

Bureau Chief, Long Term Care
Office of Health Care Regulation

cc:

Illinois Department on Aging
Linda Chapa Lavia, Registered Agent
Licensure Only No Finding/LL

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/14/2019
NAME OF PROVIDER OR SUPPLIER ILLINOIS VETERANS HOME - ANNA			STREET ADDRESS, CITY, STATE, ZIP CODE 792 NORTH MAIN ANNA, IL 62906		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	Initial Comments Complaint investigation 1954161/IL112888 The Illinois Veterans Home of Anna is in compliance with the Illinois Veterans Home Code (77 Illinois Administrative Code 340) for this survey.	S 000			

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE